

Utilizing Traditional Practices in the Integration of Substance Abuse, Mental Health and Primary Care Services for American Indians/Alaska Natives

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Demographics

- 561 Federally-recognized tribes, additional tribes and communities
- 1.7% of U.S. population: approx. 5.2 million people
- Approximately 1/3 of Native Americans live on reservations; half of Native Americans live in urban settings
- Approximately 2 million enrolled tribal members
- Culturally heterogeneous
- Likely under-reported



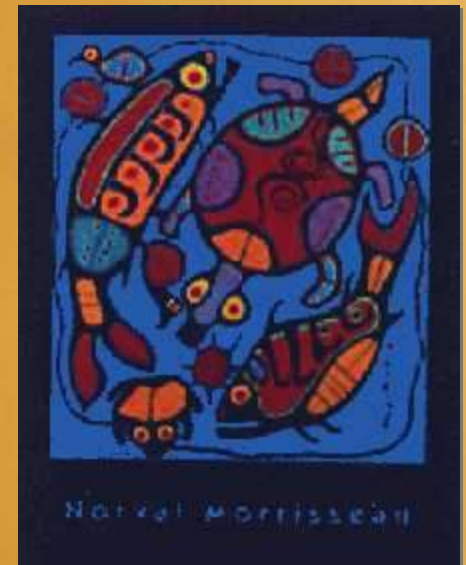
An American Portrait by Fritz Scholder

Los Angeles County Demographics

- Approximately 154,000 AI/ANs are dispersed over the entire county of Los Angeles, often rendering them invisible to the general public.
- Cities that tend to have the highest clusters of AI/ANs are Los Angeles, Bell Gardens, Cudahy, El Monte, Norwalk, Pomona, and Long Beach.
- The tribes with the greatest representation in Los Angeles are Cherokee, Navajo, Apache, Sioux, Choctaw, Pueblo, Blackfoot, Chippewa, Iroquois, and Creek
- Los Angeles County is also home to tribes indigenous to the area such as the Gabrieleno/Tongva and the Fernandino
- More than 125 different tribes are represented and greater than 200 distinct tribal languages are spoken
- Considerable diversity among the AI/AN community in terms of traditional practices, customs, acculturation levels, and socioeconomic levels.

Historical Context

- Policy of Genocide
- Policy of Assimilation



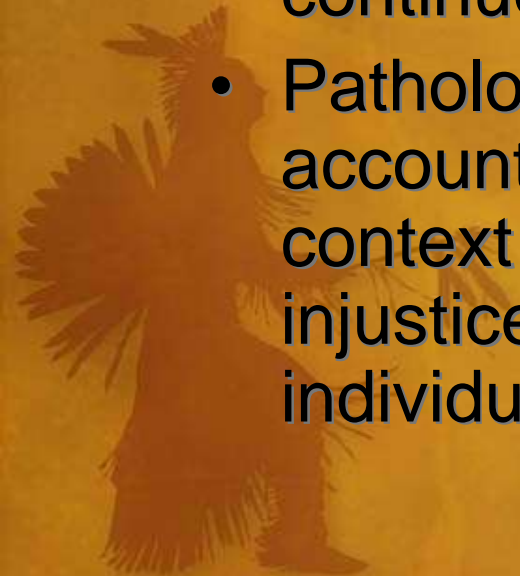
Colonization

- American Indian Holocaust
- Historical trauma that is America's "family secret"
- The denial blocks the healing of American Indians
- Community Trauma
- Survivors may have higher level tolerance for trauma which may contribute to likelihood of being revictimized.



Integration of Historical Factors

- The prevalent mental health issues in Native American populations cannot be fully understood or addressed without integrating historical events.
- Culturally biased, ethnocentric practices continue to pathologize Native Americans
- Pathologizing presenting behaviors without accounting for the historic and cultural context perpetuates trauma by ignoring injustice and locating the problem in the individual.



History of Trauma

- The United Nations Convention on Genocide (1948) defined genocide as intent to destroy, in whole or in part, a national, ethnic, racial or religious group through killing, or causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; and forcibly transferring children of the group to another group (*UNCG, 1948*).

“Historical Trauma”

- Struthers and Lowe (2003) define historical trauma as the “cumulative and collective emotional and psychological injury over the life span and across generations, resulting from a cataclysmic history of genocide.”
- Also conceptualized as “intergenerational trauma,” “historical unresolved grief,” “Boarding School Syndrome” and “soul wounding.”

18th-19th Century: “The only good Indian is a dead Indian”

- Bureau of Indian Affairs (1824)
- Indian Removal Act (1830) relocated Native American tribes living east of the Mississippi
- Supreme Court ruled that Cherokee were “domestic dependent nations”
- Trail of Tears (1838/9) : 4,000 out of 15,000 Cherokee die during 1,200 mile march

Late 19th Century

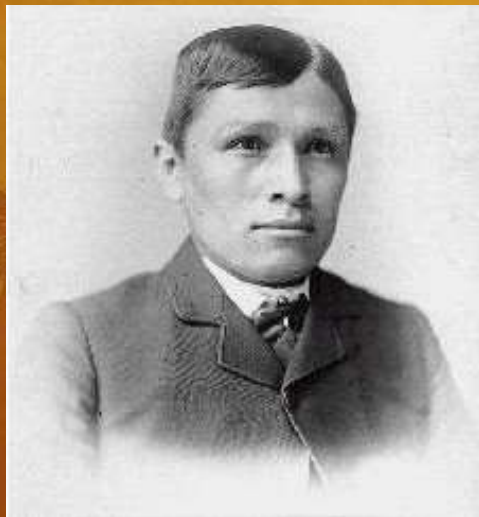
- Broken Treaties
- Reservations
- Resistance
- Massacre (including Wounded Knee in 1890)
- Cultural implications:
 - Loss of sacred spaces, including burial grounds
 - Loss of traditional hunting practices, buffalo, nomadic life-style
 - Dependence on the U.S. Government



Late 19th/Early 20th Century: “Kill the Indian, Save the Man”

- Native religious and cultural practices are outlawed – not protected by First Amendment
- Missionaries travel to reservations
- Off-reservation boarding schools:
 - Mandatory attendance beginning age 6
 - Far from reservations
 - Children stayed with white families during the summer
 - Pathologized Native culture: language, religion, customs, dress forbidden
 - Rampant physical and sexual abuse
- “Boarding School Syndrome”: apathy, internalized racism, distrust, inability to form healthy relationships

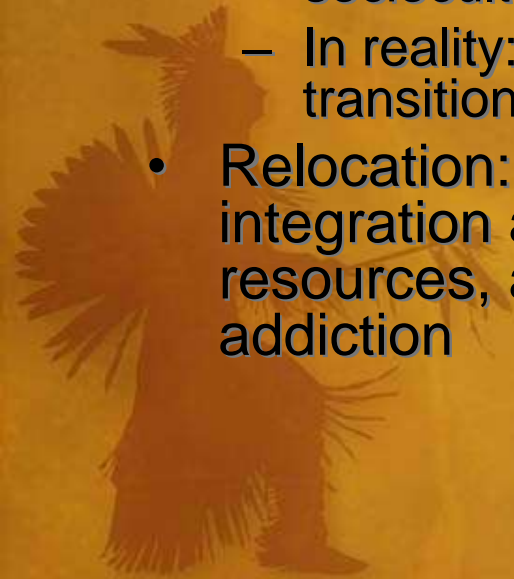




Tom Torlino (Navajo), 3 years later

20th Century

- June 2, 1924: American Indians recognized as American citizens (recognition for WWI service)
- 1950's: Termination – federal government withdraws support, abolishes tribal government, abrogates all federal responsibilities, treaty agreements
 - In theory: increased tribal autonomy, self-sufficiency, freedom from federal bureau limitations. and sociocultural integration of Native Americans
 - In reality: loss of reservation land; inadequate support for transition; increased poverty.
- Relocation: Effort to increase socio-economic integration and stability. But urban Indians had few resources, and many wound up in poverty and addiction



Self-Determination and Tribal Sovereignty

- 1968: American Indian Movement (AIM) participates in the civil rights movement, protesting injustice and asserting rights of Native Americans
- 1975: The Indian Self-Determination Act
- 1976: The Indian Health Care Improvement Act
- 1978: The Indian Child Welfare Act
- 1978: The Indian Religious Freedom Act



Indian Child Welfare Act

- ICWA is a federal law which regulates placement proceedings involving Indian children.
- ICWA was created in 1978 and was passed to strengthen and preserve Native American families and culture



Loss of Protective Factors

- Loss of community and family through forced removal from sacred lands, relocation to reservations, boarding school policies
- Forbidden from engaging in traditional religious practices, including grieving rituals

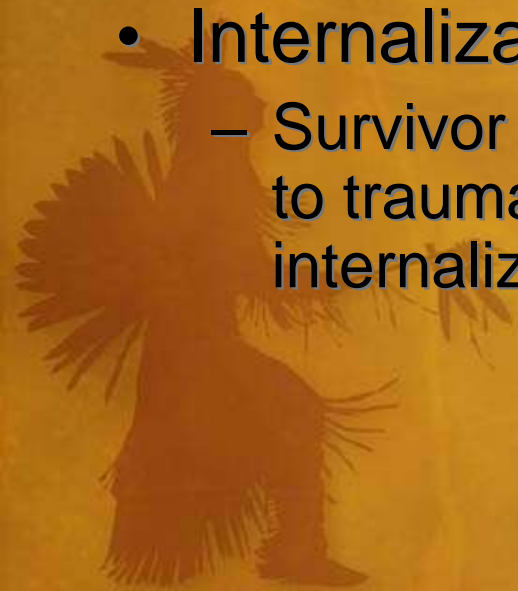
Other losses:

- Spirituality
- Tradition
- Family
- Health
- Connection to tribe, land & family
- Sense of interrelation/interdependency
- Sense of purpose
- Hope
- Role models



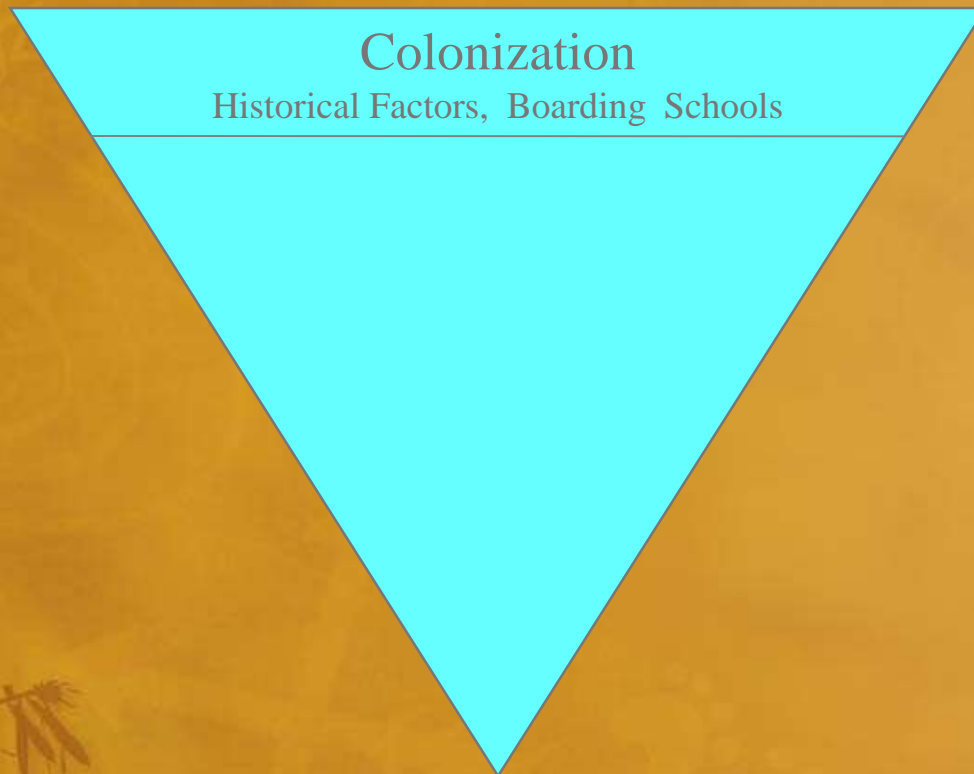
Unresolved Grief, Soul Wound

- Trauma was compounded by inability to mourn for losses in traditional ways
 - Loss of land, forbidden from engaging in traditional healing practices
 - Reminders of trauma, including tribe and reservation names
- Internalization of ancestral suffering may lead to:
 - Survivor guilt, psychic numbing, depression, fixation to trauma, hypervigilance, internalized oppression, internalized racism

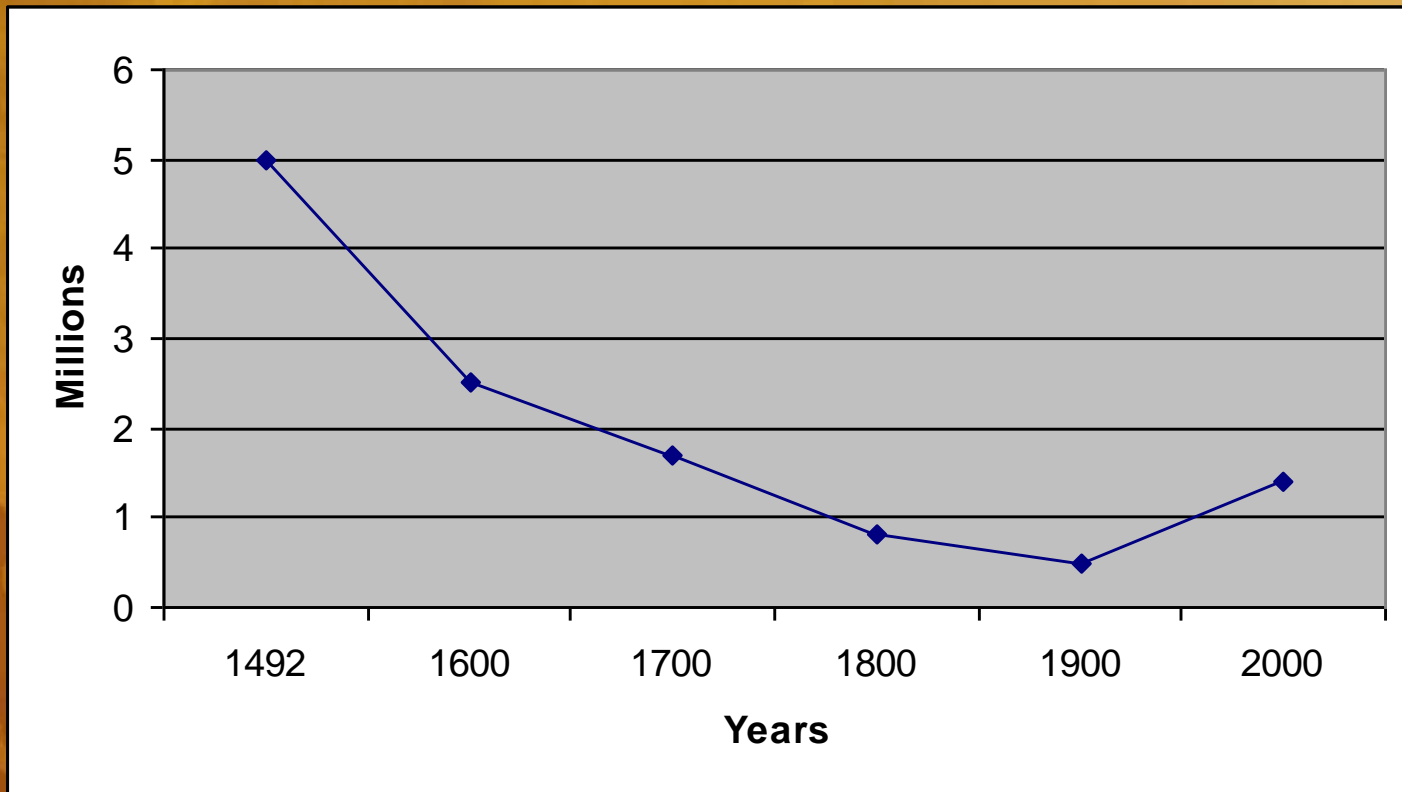


Native American Healing Model

A Community Healing Circle ©

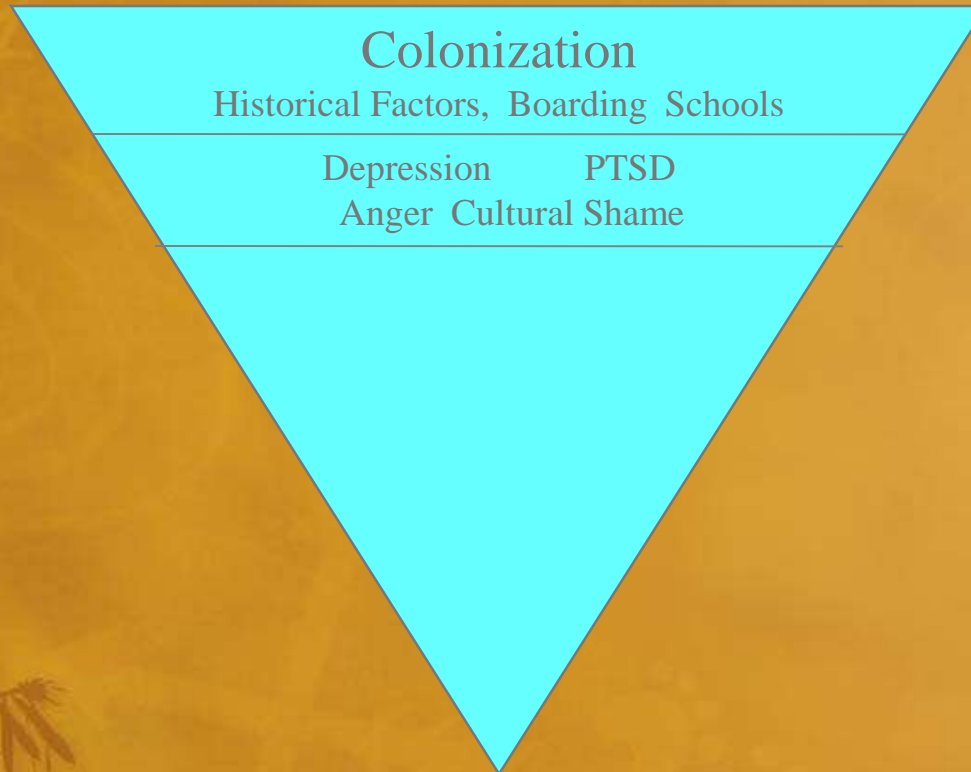


American Indian Population



Native American Healing Model

A Community Healing Circle ©

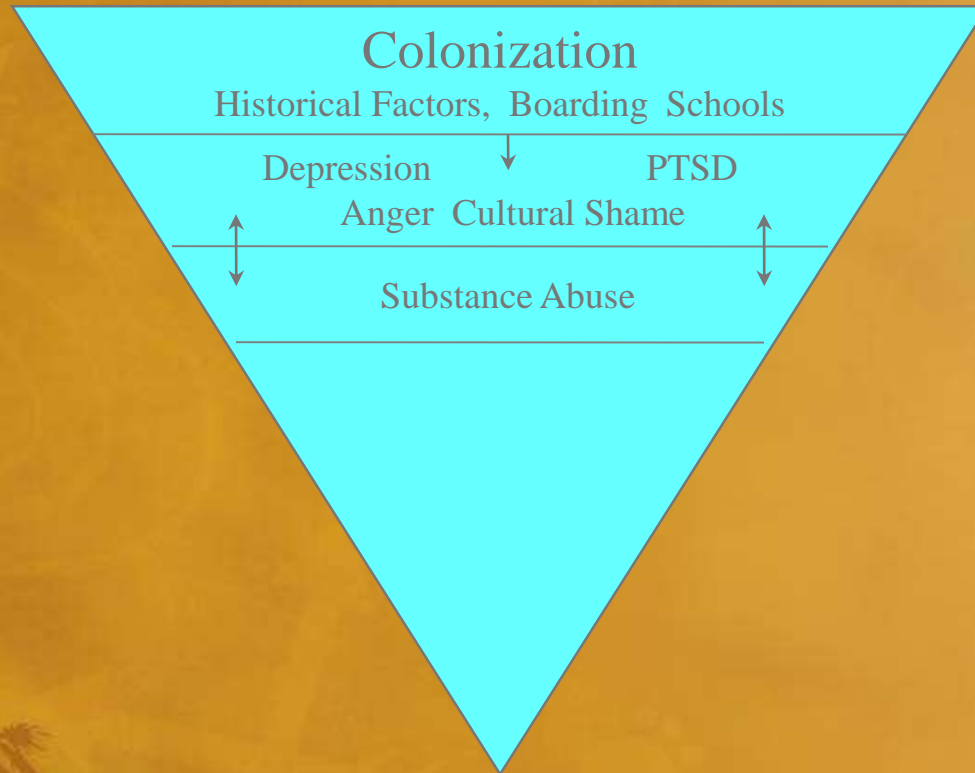


Depression, PTSD, Mental Health

- Depression due to loss of culture, identity, language, personal losses and feelings of rejection, discrimination and hopelessness
- PTSD- Flashbacks, nightmares, hypervigilance, avoidance of situations, thoughts, feelings that remind one of the abusive event, restricted range of affect, heightened startle response, anxiety disorders

Native American Healing Model

A Community Healing Circle ©



AI/ANs and substance use: rates

- Alcohol and other drug (AOD) use among American Indians and Alaska Natives (AI/ANs) is a significant health issue in the United States.
- In 2013, AI/ANs had the highest rate of AOD dependence and abuse compared with other racial groups.
- A shortage of data exists with regard to urban AI/AN substance use rates among adults.

AI/AN adults and substance use rates

- From 2004 to 2008 from the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health (NSDUH) showed that rates of past-month heavy alcohol and illicit drug use for adults were higher among AI/ANs than U.S. national averages (30.6% vs. 24.5% and 11.2% vs. 7.9%, respectively).
- Based on data from 2003 to 2011, AI/ANs were more likely than individuals from other racial/ethnic groups to have needed AOD treatment in the past year.
- At-risk AI/ANs adults in an urban setting reported a significantly earlier onset of alcohol, marijuana, methamphetamine, and other drug use compared to all other ethnic/racial groups within LA County (Dickerson et al., 2012).

AI/AN adolescents and alcohol and other drug use

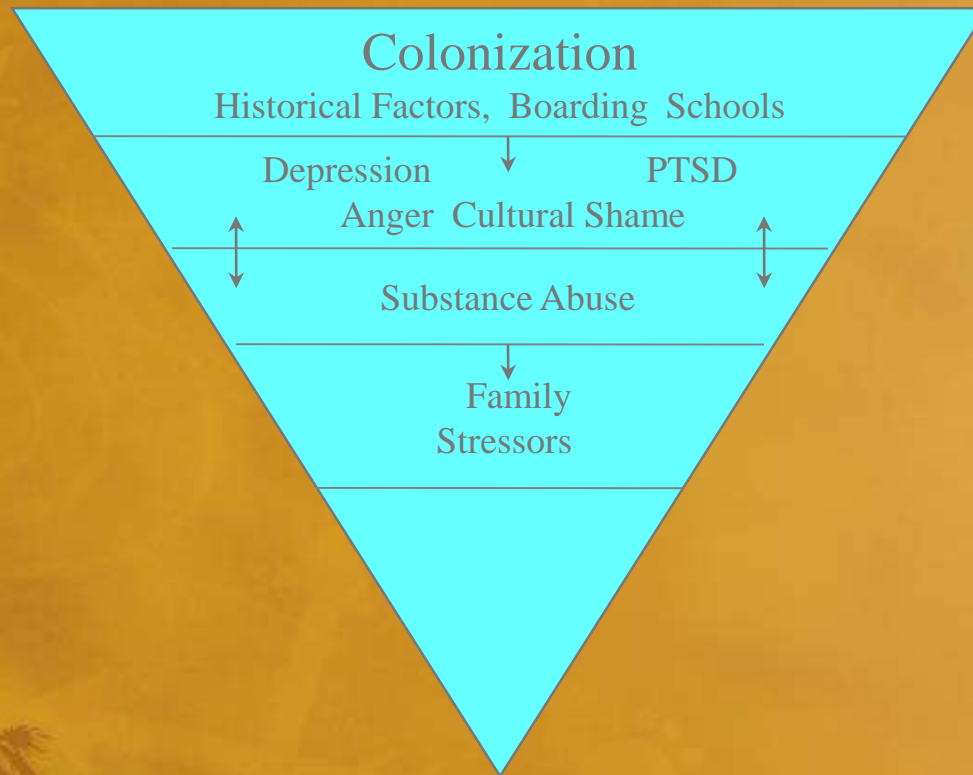
- From 1997-2003, according to the Youth Risk Behavior Survey, compared to white youth in urban areas, more AI/AN youth in urban areas reported illegal drug use, suicidal behaviors, and risky sexual behaviors.
- According to the National Survey on Drug Use (NSDUH) for ages 12 to 65 from 2009 to 2013, overall, AI/ANs had lower or comparable rates across all alcohol use measures.
- Data from 2015 show that AI/ANs age 12 to 17 report lower rates of lifetime use of illicit drugs (20.7%) compared to whites (24.4%), blacks (28.4), and Hispanics (26.6); and lifetime alcohol use for AI/AN (24.9%) was similar to blacks (24.8%), and lower than whites (30.2%) and Hispanics (28.6).
- Overall, these more recent data indicate that AI/AN adolescents are reporting AOD use at equivalent or lower levels than other races/ethnicities.

Urban AI/ANs

- Approximately 70% of AI/ANs reside in urban areas (US Census, 2010).
- Evidence-based alcohol and drug prevention programs specifically developed for urban AI/AN youth are limited.
- Los Angeles County has over 150 tribal nations represented.
- A wide variety of AI/ANs exist with regard to acculturation, tribal affiliation, and level of cultural identity.
- A diminished sense of “community” and broader recognition are barriers to providing culturally-relevant services.

Native American Healing Model

A Community Healing Circle ©



Domestic Violence among AI/AN Women

- AI/AN women report significantly higher rates of intimate partner violence (IPV): nearly 16% were raped, 31% physically assaulted, and 10% were stalked by their partners
- Nearly 75% of AI/AN women homicide victims are killed by someone they know; **almost 1/3 are killed by family member**
- While 11% of intimate victims and 5% of family victims report the offender to have been of a different race, **among AI/AN women these rates are 75% and 25%, respectively.**
- AI/AN women at highest risk for IPV are those in interracial marriages or coupling and women who are more likely to live in urban centers.



Associated Risks for Violence among AI/AN Women

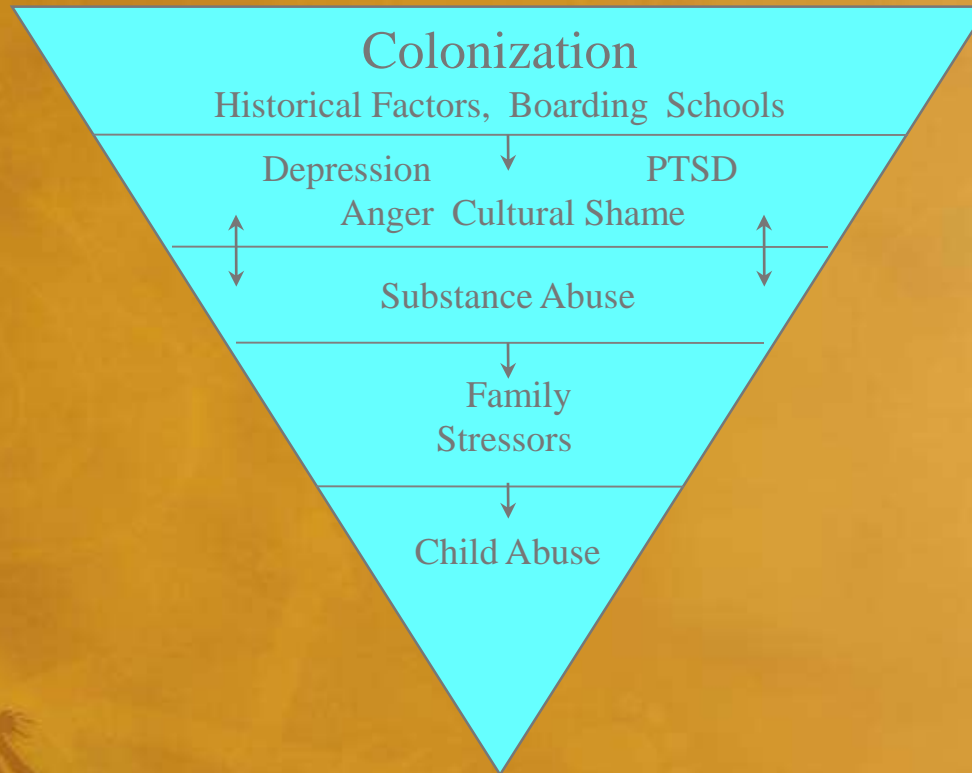
- Alcohol & drug use significantly positively correlated with IPV and FV.
- Nearly 75% of AI/AN victims of FV reported their offender had been drinking at the time of offense.
- Associated risk for AI/AN women is compelling given the relationship between substance abuse and violence:
 - Alcohol-related deaths for AI/AN women are significantly higher than rates for women of all racial groups.

Fetal Alcohol Spectrum Disorder

- Encompasses the wide range of physical, mental and behavioral effects seen under the diagnosis: Fetal Alcohol Syndrome (FAS), partial FAS (p-FAS) and alcohol-related neurodevelopmental disorder (ARND)
- One of the most leading known preventable causes of mental retardation and birth defects
- FAS highest among American Indians than any other racial group

Native American Healing Model

A Community Healing Circle ©

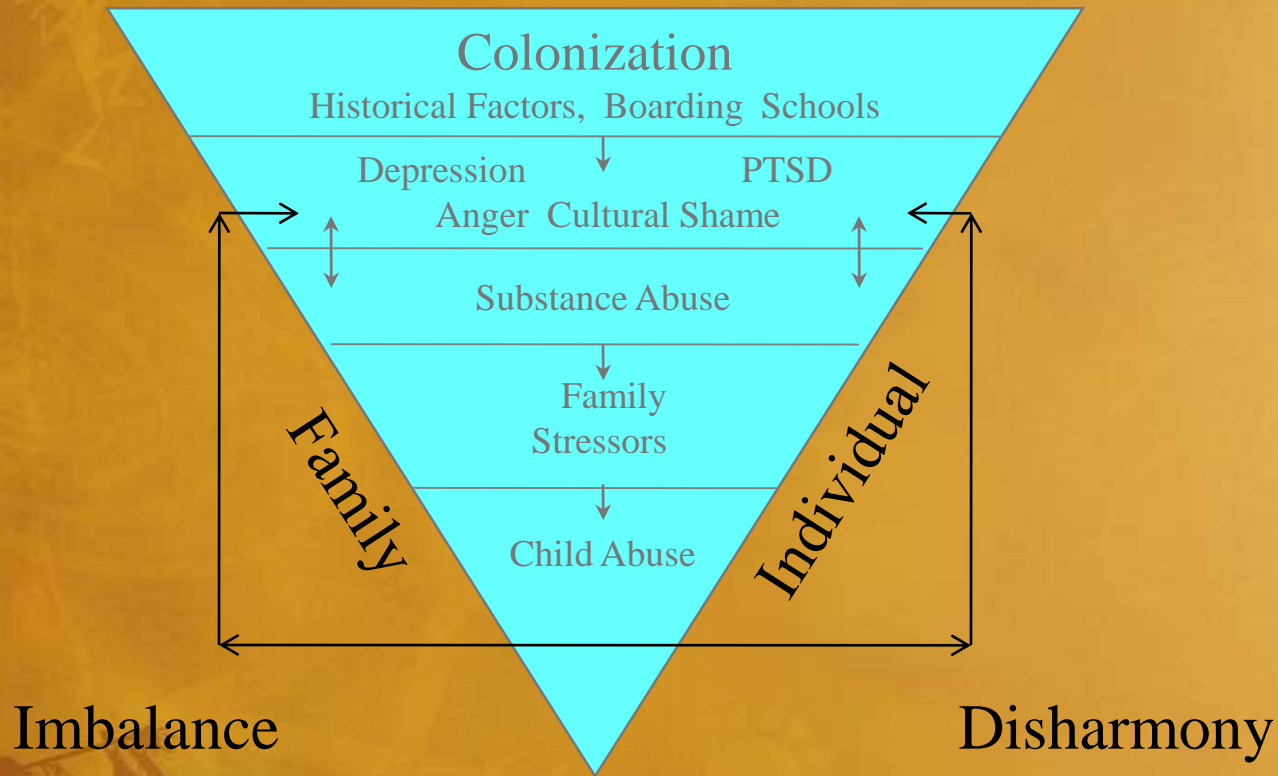


Child Abuse

- Current national statistics and published reports suggest that child abuse and/or neglect is a serious problem among AI/ANs, with prevalence/risk higher than the general pop.
- Parental alcohol abuse has been associated with child abuse.
- A study found that a child's mother was most frequently indicated as the offender in neglect cases (62.9%), fathers in physical abuse cases (36.3%) and biological relatives in sexual abuse cases (55.3%). This study showed that substance abuse was a factor in most cases, except for sexual abuse (Chino, Melton & Fullerton, 1992).

Native American Healing Model
A Community Healing Circle ©

Community



The Historical Trauma Cycle

Physical Health

Death rates are 50% higher among AI/AN people than non-Hispanic white people. Death rates have declined among non-Hispanic white people, but not among AI/AN people.

The death rates are higher for some preventable causes of death, especially for unintentional injury, suicide, diabetes, chronic liver disease, certain cancers, and alcohol-related mortality.

**Mental Health and Substance Abuse
Characteristics among a clinical sample of
urban American Indian/Alaska Native
youths in a large California metropolitan
area:
A Descriptive Study**

Dickerson DL, Johnson CL.

Community Mental Health Journal 2012



DISCUSSION

- Significant exposure to traumatic events may place urban AI/AN youth at risk for depressive and adjustment disorders comparable to trends observed among rural AI/AN youth.
- Traumatic exposure may have contributed to particularly high rates of PTSD and acute stress disorder among this sample of urban AI/AN youth.
- Comprehensive treatment approaches addressing the effects of historical trauma on urban AI/AN youth are needed.
- The integration of traditional healing services with currently available evidenced-based treatments may assist towards decreasing the rates of depression and substance abuse among urban AI/AN youth.

Treatment of American Indians/Alaska Natives

- There is little consensus in public discourse about what constitutes “effective” treatment (Prendergast & Podus 2000).
- Different views on the problem of addiction (moral, medical, public health, criminal justice) shape the different views on treatment effectiveness; models for evaluating effectiveness are socially constructed.
- Currently there is a lack of information about which types of treatment interventions are most effective with American Indians; however, experts agree that combining community cultural values and community healing with current evidence-based interventions is most appropriate (Abbott 1998).



The Medicine Wheel

- The Medicine wheel is an ancient symbol for Native Americans.
- The medicine wheel is divided into four quadrants and there are many different ways that the quadrants are expressed. Some of these include the four directions, the four elements- fire, earth, air and water or four parts of oneself- physical, mental/cognitive spiritual and social.
- When all the four quadrants are in balance, life continues in an intricately balanced and harmonious way, if they are not in balance Native Americans are not in harmony.

Native American Healing Model- A Community Healing Circle

NORTH

White Buffalo

Wisdom
Acceptance

Honesty
Prayer

Community

Colonization

Historical Factors, Boarding Schools

Depression

PTSD

Anger Cultural Shame

Substance Abuse

Family
Stressors

Child Abuse

Family

Individual

EAST
Eagle

Illumination Humility
Acknowledgement
Prudence

WEST
Bear

Introspection Harmony
Ascension Practice

SOUTH

Mouse

Innocence
Acquiescence

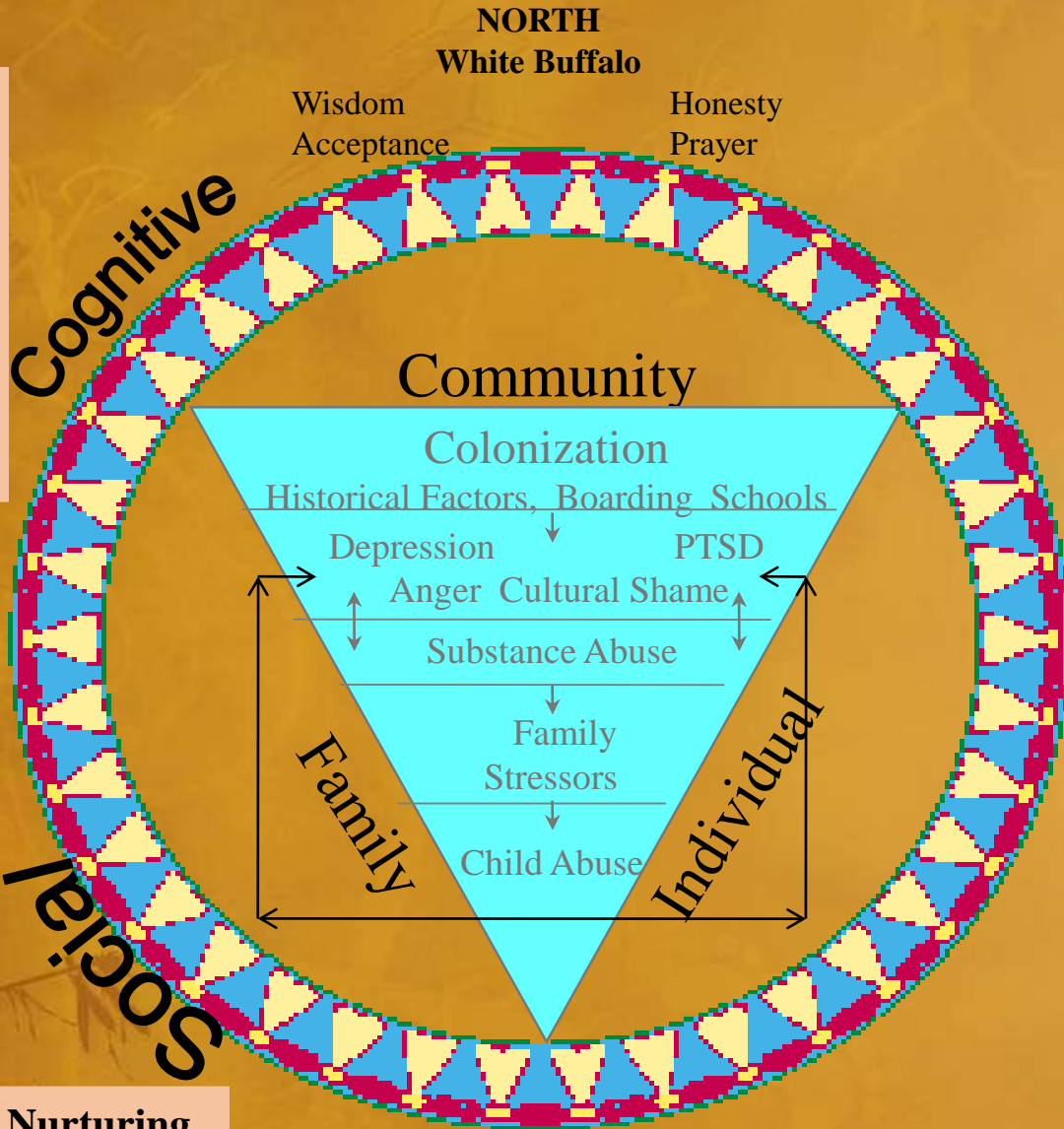
Humor
Perseverance



Native American Healing Model- A Community Healing Circle®

Treatment
 Parenting Skills
 Grief and Loss
 Anger Management
 Depression
 Substance Abuse
 Individual Therapy
 Family Therapy
 Equine
 Wrap Around

WEST
Bear
 Introspection Harmony
 Ascension Practice



NORTH
White Buffalo
 Wisdom Honesty
 Acceptance Prayer

EAST
Eagle
 Illumination Humility
 Acknowledgement
 Prudence

Nurturing
 Prevention
 Information
 Education

SOUTH
Mouse
 Innocence Humor
 Acquiescence Perseverance

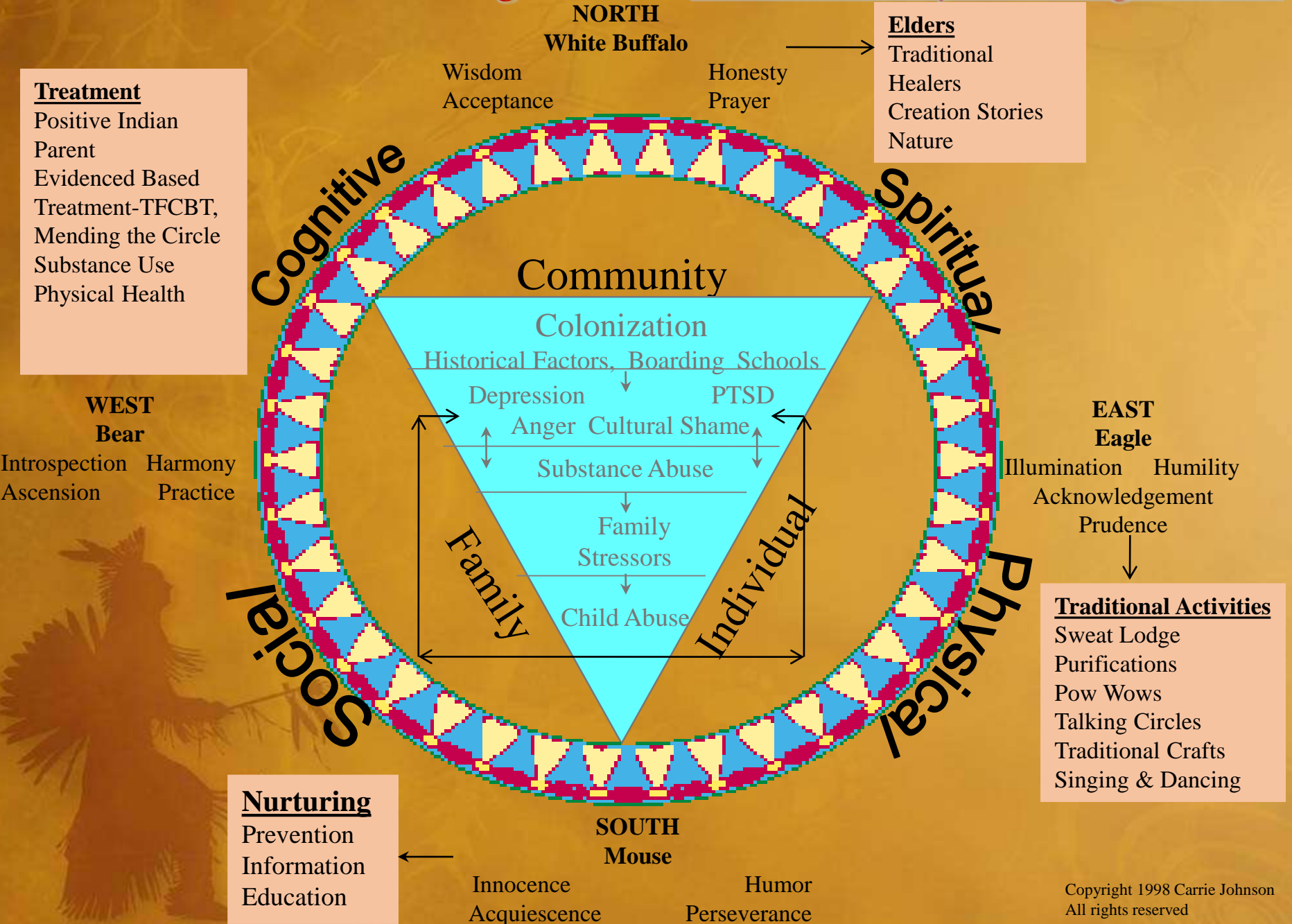
South- Prevention-Social Needs Advocacy

- Basic Needs- Housing, food
- Employment
- Education- Schools
- Health- Physical activities
- Prevention programs
- Case Management

West- Western Traditional Treatments

- Cognitive Behavioral Therapy
- Group Therapy
 - Preferred over Individual
 - Culturally Focused- Talking Circle
- Evidenced Based Treatments
- Trauma Focused Treatments

Native American Healing Model- A Community Healing Circle



Cultural activities for AI/ANs



- **Ceremonies and Activities**

- Participating in sweat lodge ceremonies.
- Smudging.
- Attending social dances.
- Learning sacred dances.
- Attending a Sundance.
- Fasting.
- Vision quest.
- Attending powwows and other sober community activities.
- Storytelling and listening to stories.
- Participating in a Talking Circle.
- Hunting
- Drumming

- **Tribal Crafts**

- Making traditional attire for powwows and other ceremonies.
- Tanning hides.
- Making ribbon shirts.
- Sewing quilts.
- Learning the native language
- Cooking traditional foods
- Picking and drying herbs
- Making jewelry
- Making cradle boards



Dance/Drum
Workshops
May-September
2016



Annual Indian Day Picnic September 17, 2016



Outdoor Events!

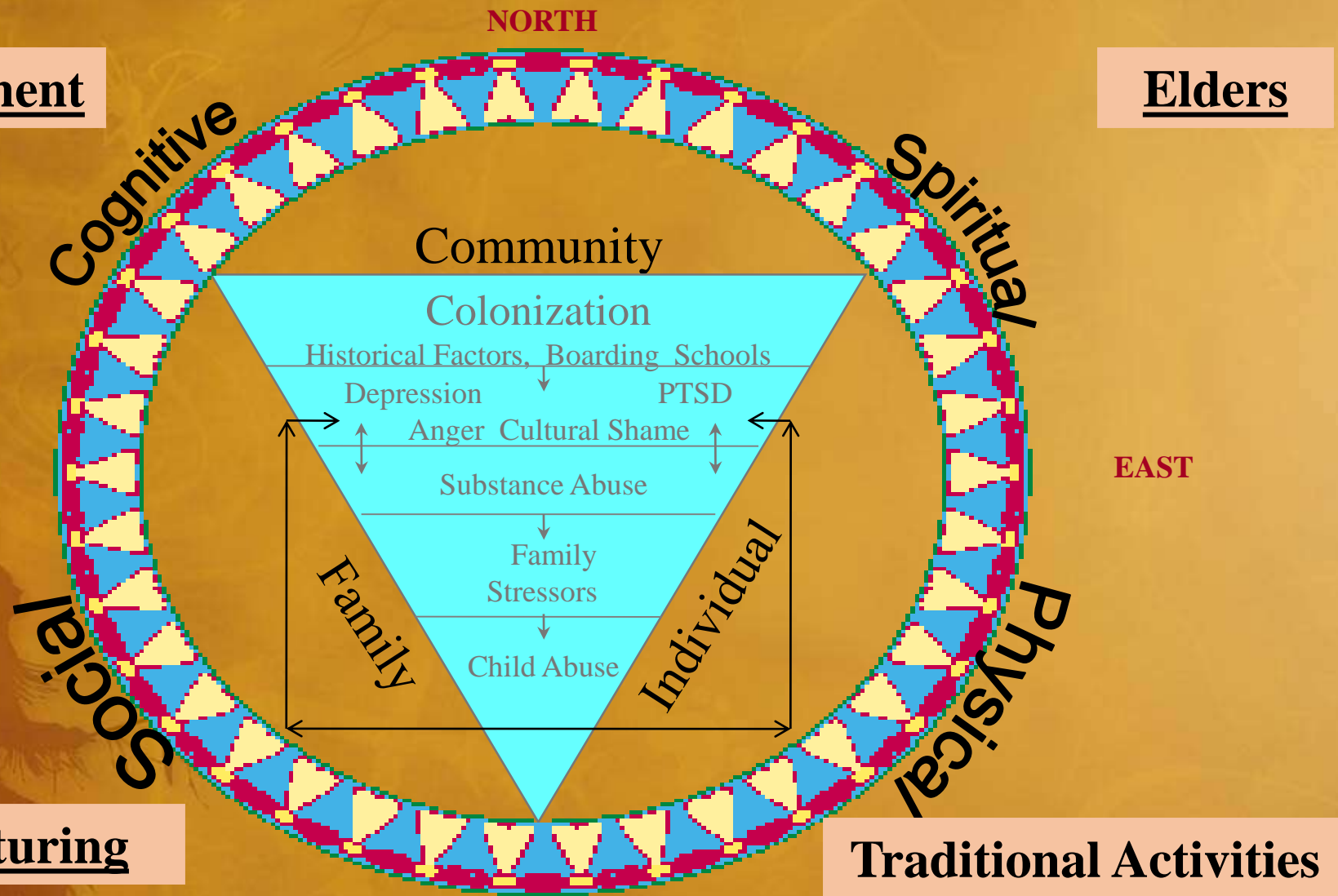


Equine Assisted Psychotherapy



Native American Healing Model

Native American System of Care®



California Reducing Disparities Project- NADDAR

- 5 years of funding to evaluate our Drum, Dance and Regalia program.
- The program addresses the needs of Native Americans with Behavioral Health disorders or at risk for.
- Provides opportunities to enhance community cohesion, reduce isolation and enhance cultural identity by decreasing behavioral health problems and keeping families together.



<https://youtu.be/jJUiuO4ugU8>

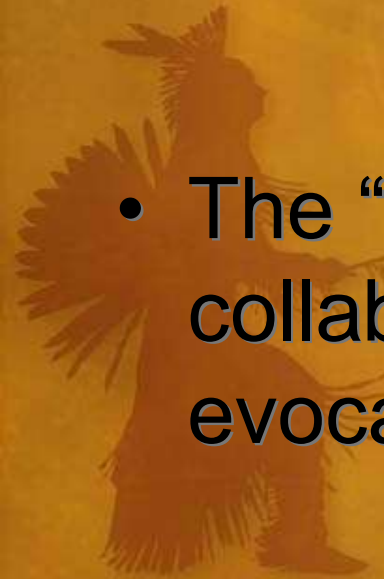


Integrating an Evidenced-based treatment (EBT) with cultural activities

- Integrating MI and AI/AN traditional activities could lead to an innovative, developmentally and culturally relevant program for urban AI/AN youth.
- Through a current NIAAA/NIDA-funded study, Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY) seeks to address the need for a substance use prevention program for urban AI/AN youth.

Motivational Interviewing

- “Motivational Interviewing is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”
- The “spirit of MI” encompasses collaboration, acceptance, compassion, evocation, autonomy.”



Why use MI with adolescents?

- Developmentally appropriate
- Helps teens feel comfortable
- Adolescents are always being told what to do and are being judged-MI lets them take the driver's seat
- Gives teens a chance to think and act independently



Common human reactions to being listened to

- Understood
- Want to talk more
- Liking the counselor
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

MI and AI/ANs

- MI honors the wisdom within the client rather than forcing provider's wisdom on client
- Client is seen as a person rather than a problem
- “We have to honor the wisdom in the client and then be able to see that person in the community, that's a grandmother or grandfather, honoring them for who they are”

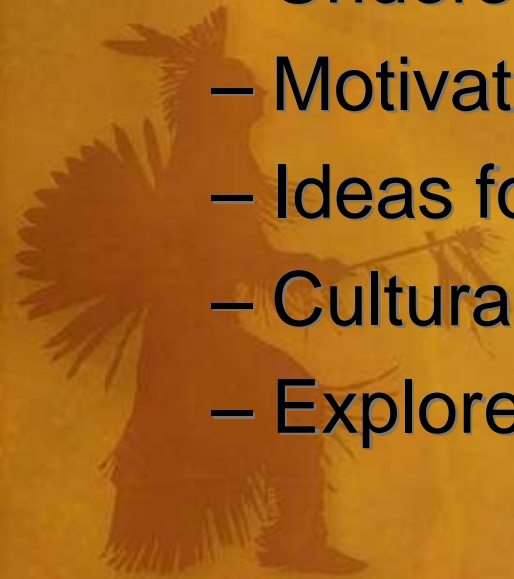
-- Navajo female participant

Venner, Kamilla (2014)



How might we adapt MI for AI/ANs?

- Aspects of the setting
 - Décor, AI/AN staff, questionnaires, resources
- Asking Open-ended questions about culture
- Reflections including culture
 - Understandings of the problem
 - Motivations to change the problem
 - Ideas for how to change the problem
 - Cultural supports for the change
 - Explore interest in traditional healing





MICUNNY

MOTIVATIONAL INTERVIEWING AND CULTURE
FOR URBAN NATIVE AMERICAN YOUTH



MICUNAY

MOTIVATIONAL INTERVIEWING AND CULTURE
FOR URBAN NATIVE AMERICAN YOUTH

Workshop 3

Making Healthy Choices for My Spirit

- Spiritual focus
 - Thinking about my future
 - Prayer and sage ceremony

Workshop 1

Making Healthy Choices for My Brain

- Behavior focus
 - How do alcohol and drug use affect my brain?
 - Beading workshop

Workshop 2

Making Healthy Choices for My Body

- Physical focus
 - The path of choices
 - Learning about and eating Native American foods



Workshop format

- Each of the 3 workshops are 2 hours in length.
- Opening prayer (smudging), ground rules, confidentiality, agenda reviewed first.
- 1-hour group MI session followed by 1-hour cultural activity. (except for workshop 1 where the beading activity is started first to allow for more beading time).
- Workshops interactive, education-focused, and introductory in nature.

Workshop 1

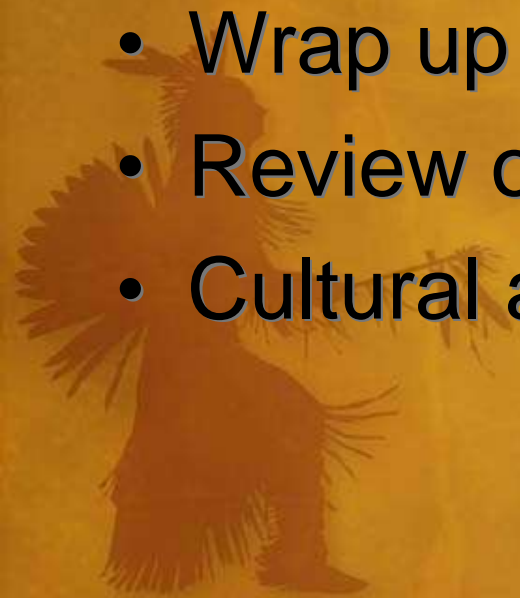
- Begins with beading activity. Actual beading activity dependent on the cultural teacher and local AI/AN traditions.
- Introduction to the Medicine Wheel.
- Alcohol and drugs and the brain-overview
- How alcohol and drugs affect the brain.
- Memory game.
- Handouts and links to cultural activities.

Workshop 2

- Pros and cons of alcohol and drug use.
- The path of choices
- Rulers
- Wrap up for MI
- Review of Medicine Wheel
- Cultural activity: discussion and demonstration of AI/AN foods and cooking.

Workshop 3

- What can happen when people use alcohol and drugs.
- Thinking ahead.
- Wheel of the future.
- Wrap up for MI
- Review of the Medicine Wheel
- Cultural activity: Sage and smudging.





Normal



Cocaine Abuser (10 days)



Cocaine Abuser (100 days)

THE PATH OF CHOICES

Experimental
Use

35% of teens have used alcohol recently
20% have used marijuana recently

PROBLEM
USE

21% of teens
have been
drunk in the
past month

5% use marijuana daily

Never
Used

38% of teens have never tried alcohol!
61% have never tried marijuana!

-
- **Aim 1.** Conduct focus groups and brief surveys with urban AI/AN communities to design MICUNAY, a substance use prevention program for AI/AN youth that integrates MI and AI/AN traditional activities
 - **Aim 2.** Compare AI/AN youth who receive only Community Wellness Gathering (CWG) (n=100) to AI/AN youth who receive the CWG plus MICUNAY (n=100) across urban areas in California. Compare outcomes at 3- and 6-month follow-ups

Two articles have been published thus far for MICUNAY

- Brown RA, Dickerson DL, D'Amico EJ. Cultural identity among urban American Indian/Alaska Native youth: Implications for alcohol and drug use. *Prevention Science*. 2016 Jul 23. [Epub ahead of print].
- Dickerson DL, Brown RA, Johnson CL, Schweigman K, D'Amico EJ. Integrating motivational interviewing and traditional healing to address alcohol and drug use among urban American Indian/Alaska Native youth. *Journal of Substance Abuse Treatment* 2015; Jul 29. [Epub ahead of print]

-
- **MICUNAY represents a community-informed, integrated approach developed for urban AI/AN youth**
 - **Field data suggest high youth enthusiasm for program incorporating AI/AN themes and practices**
 - **Recently completed a randomized controlled clinical trial to assess benefits of MICUNAY with 200 urban AI/AN youth across California.**
 - **Will be examining changes in alcohol and drug use, cultural identity, spirituality, physical and mental health indices over 6 months post-intervention**



American Indians/Alaska Natives and Drumming

- The drum is a sacred instrument among AI/AN tribes.
- The drumbeat symbolizes the heartbeat of indigenous nations and the heartbeat of Mother Earth.
- The drum is used in sacred ceremonies, social dances, feasts, in preparation for hunting.
- Drumming was and is still used to help heal the sick and as a way of carrying songs and prayers.
- A way of bringing AI/AN communities together.



Drumming and AI/AN



- May offer a connection with the spirit world, ancestors, and culture and identity.
- Certain types of beats are said to carry special healing powers into the human body.
- A sick person's psychological and physiological states are believed to be altered by the rhythmic drumbeats and accompanying song.

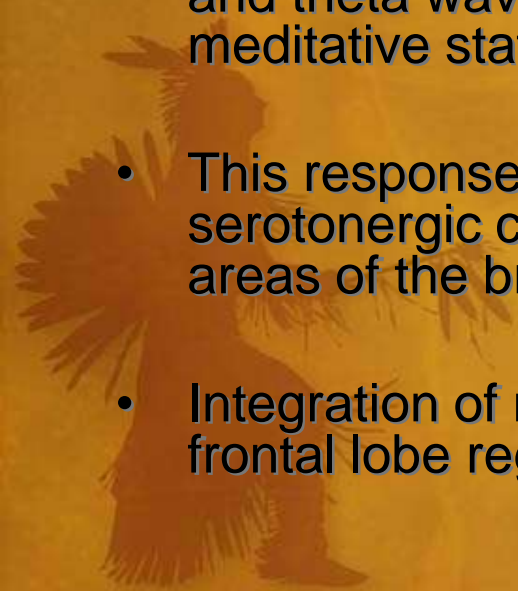
Women and drums



- In many tribes, drumming is not the role traditionally prescribed for women. For example, men usually are seated in a circle around a drum, while women stand around or outside of the circle singing and/or dancing.
- “Culture always changes. It’s controversial, and it’s something I think is pretty interesting,” Amber Annis, president of UND’s Indian Studies Association.
- “We don’t compete against our men; we are equals with our men,” she said. “This drum is about women healing.” Jermaine Tremmel, Red Drum Women Society Singers. (Indian County News, 2008)
- Some cultural leaders have concerns with further dilution of AI/AN cultures by offering women the opportunity to drum where men typically drum (i.e. pow-wows)
- In various tribes, women drum and sing solo, i.e., healing songs.

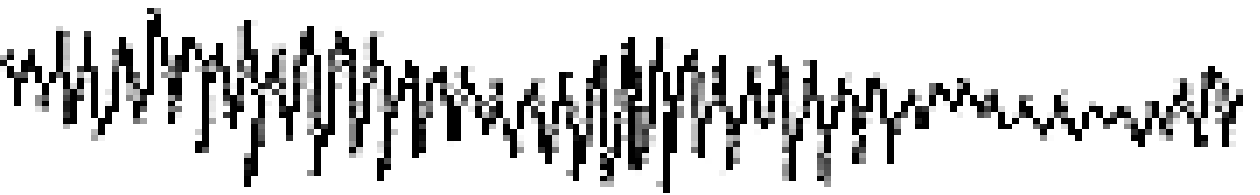
Therapeutic effects of drumming

- Several studies have demonstrated physical and psychological effects associated with drumming (Winkelman, 2003).
- Drumming may also have biological effects that may mitigate various behaviors.
- Rhythmic auditory stimuli (including drumming, singing, and chanting) may generate auditory drive leading to increased alpha and theta wave production, which may contribute to a desired meditative state (Wright, 1991).
- This response is produced by activation of the limbic brain's serotonergic circuits to the lower brain that synchronize the frontal areas of the brain with ascending discharges.
- Integration of nonverbal information from lower brain structures to frontal lobe regions has the ability to enhance insight.





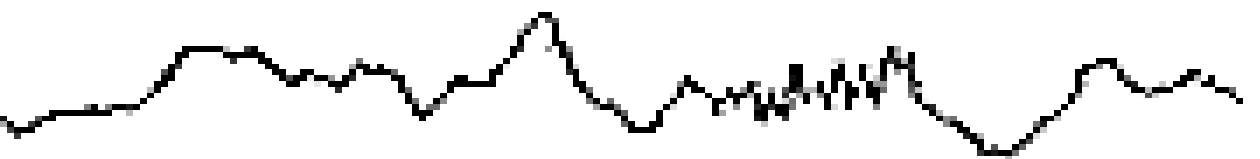
BETA:
Alert/Working



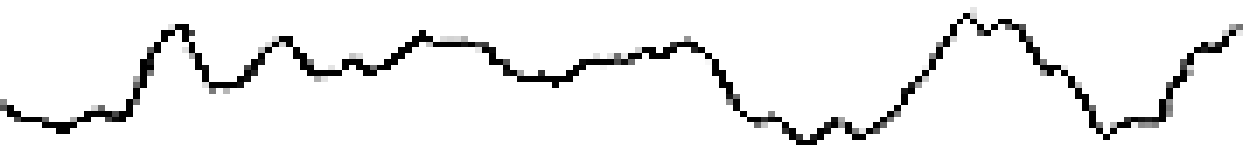
ALPHA:
Relaxed/Reflecting



THETA:
Drowsy/Dozing



DELTA:
Sleep/Dreaming



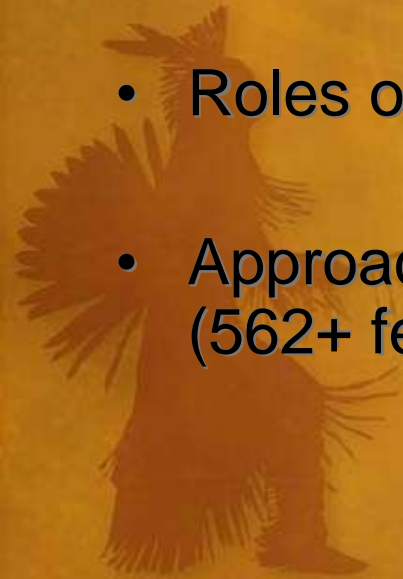
DELTA:
Deep, Dreamless
Sleep

"The drum connected me with something I hadn't known before, and I felt a huge lump in my throat that was equal parts sorrow, gratitude and joy. When I was coaxed out for my first inter-tribal dance, I closed my eyes and felt the drum and began to move my feet. It was magic. I could dance. It would be a few years before I was graced with the drum teachings of my people, but there was a spiritual connection nonetheless. Once I felt the drum in my chest, the hollowness I'd carried as a displaced Indian kid was gone. In its place was belonging."

From the book *One Native Life*. © 2008, by Richard Wagamese.
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Questions relating to drumming and AI/ANs

- Can the use of the drum be used in a culturally-appropriate manner for substance abuse tx?
- How important culturally is it to accompany singing with drumming?
- Roles of AI/AN females in drumming?
- Approaching diversity of AI/AN drumming traditions (562+ federally-recognized tribes)



Drum-Assisted Recovery Therapy for Native Americans (DARTNA) Treatment Program



- Two versions: 6 and 12 week versions

3- hour session format

60 minutes: Education/cultural discussion: drumming, teaching of

songs, Medicine Wheel, 12-steps, White Bison concepts

90 minutes: Drumming activities corresponding to Medicine Wheel concepts

30 minutes: Talking Circle/Processing Group

- Each week focusing sequentially on the 12-steps of AA/NA and concepts of the Medicine Wheel



WEEKS 10-12
STEPS 10-12 OF AA/NA

MENTAL

SPIRITUAL

WEEKS 7-9
STEPS 7-9 OF AA/NA



WEEKS 1-3
STEPS 1-3 OF AA/NA



EMOTIONAL

PHYSICAL

WEEKS 4-6
STEPS 4-6 OF AA/NA



First DARTNA Grant Overview

First grant funded by National Institutes of Health/National Center for Complementary and Alternative Medicine (NIH/NCCAM), (2010-2013)

- 1) Conducted series of focus groups (treatment providers, AI/AN patients, CAB) to discuss initial treatment format
- 2) Completed preliminary DARTNA treatment manual.
- 2) Pretest of DARTNA among 10 AI/ANs
- 3) Follow-up focus group to finalize protocol and to prepare for subsequent larger clinical trial.

DARTNA focus group overarching conceptual themes

- (1) drumming can be especially beneficial for AI/ANs with substance abuse issues
- (2) assuring a culturally-based focus is necessary as it relates to drumming for AI/ANs with substance abuse issues
- (3) providing a treatment format which will provide a foundation of cultural ideals which cross the landscape of diverse tribes while recognizing tribal diversity is necessary
- (4) addressing gender roles as it relates to drumming activities must be addressed within the treatment setting.

Focus Group Quotes

“...So by being more connected to the culture is really going to help them whether they’ve drummed before or whether they’ve ever had any knowledge about their tribal culture. I think it’s their first step that will really help.”

(CAB member)

“People understand that it (education) has to be covered before they start making those drums and singing. If there’s no foundation, there’s no building.” (Substance Abuse Provider)



Focus Group Quotes

- *“...if you’re going to integrate our culture and the drum into this, it needs to be done in a proper way-in the way it was intended to be. Because that healing power is there in the drum and the songs if we use it in the right way...”*

(CAB member)

- *“The urban Indians are really Natives not learned in their cultures and where they are...Urban Indians need teachings also as well as the people from the reservation.” (AI/AN patient)*

Pretest of DARTNA and Follow-up focus groups

- 10 AI/ANs with current substance use disorders (5 males, 5 females) will be provided the preliminary treatment protocol.
- Follow-up focus groups among participants, providers and CAB will be conducted to aid in the development of the final treatment protocol.

Assessments for Pretest

- American Indian/Alaska Native Cultural Identity Scale
- Functional Assessment of Chronic Illness Therapy (FACIT)-Spiritual Questions Only-Expanded
- Functional Assessment of Chronic Illness Therapy (FACIT)-Fatigue
- Functional Assessment of Cancer Therapy-Cognitive Function (FACT-C)
- The General Alcoholics Anonymous Tools of Recovery (GAATOR 2.1)
- The Brief Symptom Inventory
- The Addiction Severity Index (ASI)

DARTNA pretest participants

- The age range was 19-67 years of age.
- Six participants were male and 5 were female.
- Education level ranged from 10th grade to Masters Degree.
- Nine participants reported alcohol as being their drug of choice and 2 participants reported marijuana as their drug of choice. With regard to marital status, six were divorced, four were single, and one was married.
- With regard to employment, seven were employed (either full time or part time), three were unemployed, and one was on disability.

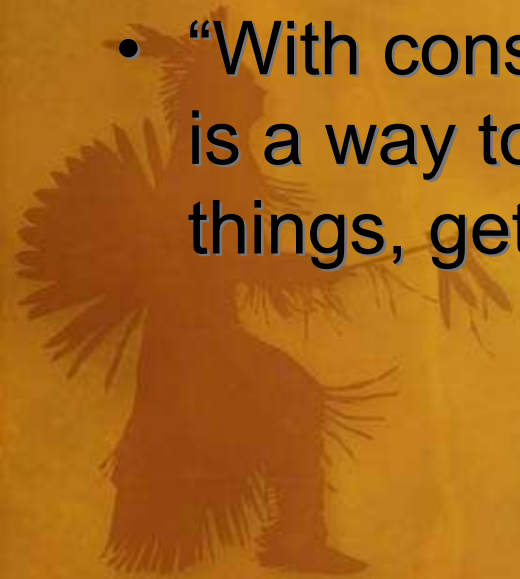
Preliminary Pretest Findings

- Promising results suggest benefits of drumming in the following areas:
 - significantly improved psychiatric status
 - significantly improved medical status
 - significantly increased functioning levels
 - significantly enhanced spirituality



Feedback from participants after participating in DARTNA

- “I’m grateful it’s my time to reconnect with the cultural, traditional way of life to find out who I really am and where I come from.”
- “With constant distraction in my path, drumming is a way to look up from stress, take care of things, get them out of the way.”



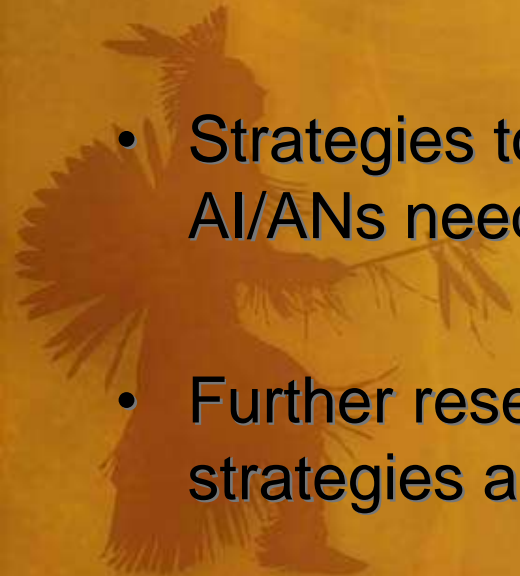
Participant feedback continued:

- “I feel serenity, peace...”
- “It’s uplifting and the drum itself is spiritual. I never thought of doing drugs or drinking.”
“(I) start to feel spiritual connection. This is where I need to be, where I should be. I feel at home...”



Conclusions

- Work conducted in this study highlights a process of conceptualizing and developing traditional-based treatments for AI/ANs with substance use disorders.
- Drumming may be useful for AIs/ANs with substance use disorders.
- Strategies to conduct successful clinical trials among AI/ANs need to be established.
- Further research investigating traditional-based healing strategies are needed.



DARTNA publications to date

- Dickerson DL, Venner KL, & Duran B. (2014). Clinical Trials and American Indians/Alaska Natives with Substance Use Disorders: Identifying Potential Strategies for a New Cultural-Based Intervention. *Journal of Public Mental Health*. 13(4):175-178.
- Dickerson DL, Venner KL, Duran B, Annon JJ, Hale B, & Funmaker G. (2014). Drum-Assisted Recovery Therapy for Native Americans (DARTNA): Results from a Pretest and Focus Groups. *American Indian and Alaska Native Mental Health Research*, 21(1), 35-58. Doi: 10.5820/aian.2101.2014.35
- Dickerson, D.L., Robichaud, F., Teruya, C., Nagaran, K., Hser, Y-I. Utilizing drumming for American Indians/Alaska Natives with substance use disorders: a focus group study. *American Journal on Drug and Alcohol Abuse*. 2012; 38:505-510.

New grant funded for 2nd DARTNA Study

- Grant funded by NIH/National Institute on Alcohol Abuse and Alcoholism (NIAAA) 2016-2019, Principal Investigator: Dan Dickerson
- Clinic site: United American Indian Involvement, Inc.
- Feasibility clinical trial will begin January, 2017 for AI/AN men and women, 18 years of age and older with histories of substance use.
- Will utilized community-based approaches to recruit/retain participants

Primary and Behavior Health

Integration: Southcentral

Foundation, Anchorage Alaska

- Program aimed toward integrating care among individuals with serious mental illness and physical health problems.
- Seeks to enhance client's experience of care and reducing per capita cost of care.
- Four quadrant model based on behavior health risk/status
- Leaders in integration of care as it relates to American Indian/Alaska Native populations. Received SAMHSA award in

Traditional Healing within the Healthcare Setting

- Utilization of traditional practices for behavior and physical health.
- Role of spirituality
- Addressing cultural identity and health
- Infrastructure
- Reimbursement challenges
- Need for research



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